



July 8, 2009

Dear Provider,

We are pleased to introduce our new Prior Authorization Request Form for Suboxone<sup>®</sup>, a document we believe will expedite the prior authorization review process for this drug.

**To avoid requests for additional information, please use the enclosed form instead of our universal Prior Authorization Request Form.** It is important to complete this form in its entirety.

This new form is also available to download or print by visiting [www.passporthealthplan.com/pharmacy](http://www.passporthealthplan.com/pharmacy) and then selecting "Prior Authorization Forms."

As always, thank you for your commitment, involvement, and support. If you have any questions regarding this form, please contact the Pharmacy department at (502) 585-8249.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Kaye".

Thomas Kaye, RPh., MBA  
Senior Pharmacy Director

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